## 9516139-90282-050-\$150.00-\$150.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

## **FILED** May 10, 1999 8:00 am Secretary of State 05-10-1999 90282 050 \*\*\*150.00

DOCU  1. Corporation		-	. /				
	EAST MALL	STATION, IN	<i>C</i> .	1   <b>1   1   1   1   1   1   1   1   1  </b>	<b>                                      </b>	IL	
Principal Plac	ce of Business	Mailing Address					
12300 5	10-82 nd Are. 12	2398 S.W.82	nd Amo				
1		hiami, Fl.	• • • •	DO NOT WRITE IN THIS	SPACE		
mami	, Fl., 33156 1	יני אין אינונוניין אינוניין איניין	79/36	Date Incorporated or Qualified	01702		1
		•		5/17/1996			
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Ар	plied For	
21		26		65-07/0038		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		City & State		251 11 2 11 5			
City & Stat		- 28		6. Election Campaign Financing  —Trust Fund Contribution————————————————————————————————————	\$5.00 Added t	- 1	
Zip	Country	Zip	Country	8. This corporation owes the current year into		_	
24	25	29	30	Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent		
10	WHAT H ROLMAN	V	81 Name				
LENARD H BORMAN ; 2617 LETEINE ROAD SUTE PHI-D CORD GOBRES, FIA 33134		82 Street Add	dress (P.O. Box Number is Not Acceptable)				
26	(1) ferane KOND		83				
Sul	DATE TO THE	2717.0	[65]	<u></u>			
*	AN GOIDES, TID	53134	84 City	FL.	85 Zip C	Code	
			s, the above-named cor	poration submits this statement for the purpose of	changing its	registered	
office or r agent. I a	registered agent or balb in 174 State a im familiar with and societies obtigati	f Florida. Such change was au ons of, Section 607,0505, Flori	thorized by the corporal da Ştatules.	rporation submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	iment as reg	Jistereu	
-9	1111111	151/1600	/ A. A. A. A.				
SIGNATURE	1941	GENUAD H	GON PH VOW	$\frac{1}{2x}$	77		
SIGNATURE		and title if applicable (NOTE. I	Registered Agent signature requi	red when reinstating) LDATE	77		(86
12.	OFFICERS AND	and title if applicable (NOTE. I	Registered Agent signature required 13.	$\frac{1}{2x}$	77	RS IN 12	11/98)
12.	President / Oirector	and title if applicable (NOTE. I	Registered Agent signature requi	red when reinstating) LDATE	77 D DIRECTO		(11/98)
12. TITLE NAME	President   Director Carlos Fonteailla	and title if applicable (NOTE I	Régistered Agent signature required 13.	red when reinstating) LDATE	77 D DIRECTO		F034 (11/98)
12.	OFFICERS AND President   Director Carlos Fontacilla 12398 S.W. 52nd	and title if applicable (NOTE: I) D DIRECTORS DELETE	Registered Agent signature required 13.  1.1 TITLE  1.2 NAME	red when reinstating) LDATE	77 D DIRECTO		_
12. TITLE NAME STREET ADORESS	President   Director Carlos Fonteailla	and title if applicable (NOTE: I) D DIRECTORS DELETE	Registered Agent signature required 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	red when reinstating) LDATE	77 D DIRECTO		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND President   Director Carlos Fontacilla 12398 S.W. 52nd	and title of appealable (NOTE. I) D DIRECTORS  DELETE	Registered Agent signature required 1.3.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	red when reinstating) LDATE	D DIRECTO	☐ Addition	_
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND President   Director Carlos Fontacilla 12398 S.W. 52nd	and title of appealable (NOTE. I) D DIRECTORS  DELETE	Registered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) LDATE	D DIRECTO	☐ Addition	_
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

305-255-710